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V. S. No. 1.

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of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS certificate. See instructions on back of PLAINLY, WITH item of information should be WRITE Every Item CAUSE OF important. N. 8.

PLACE OF DEATH 10159  County Prince George  Village or City Desport Heighto	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 247  St.; Ward)  [if death occurred in a hospilal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
God bered (Worth Color of Market Che word)  4 COLOR OR RACE  MARRIED, WIDDWED, ORDIVORCED (Write the word)  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from Suft 15 191 that I last saw h alive on Out 13 191  191  191  191  191  191  191  1
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country.)	endo carditis  (Duration) — yrs 2 mas — ds.  Contributory segments
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)

of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_

Where was disease contracted.

If not at place of death?

Former or osual residence

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. (a) Spinner, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial cuployments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

lcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted "Croup";) 3Typhoid fever (never causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufavor (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia report "Typhoid

> injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. childbirth or misearriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Iuauitiou," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakuess," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railyay train accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or Homicidal, or as probably etc., when a definite disease can be ascertained as the genital," "Sentic," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



N. B.—Every Item of Information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 10160	STATE OF MARYLAND
County Kuce Leorge	CERTIFICATE OF DEATH
	Registered No. 239
Village or City Some Cappelase	un Samuel Med 11 [If death occorred to
7	Ward) a hospital or lositiution, give its NAME instead
* FULL NAME OSEFT ESW	- [Jeally of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COUOR OB RACE MARRIES //	16 DATE OF DEATH
Mulo M to WIDOWED, Marine	(Month) (Day) (Year)
ODATE OF BIRTH	17 I HEREBY CERTIFY; That I altended deceased from
1/83	1917, to 0 3 1914;
(Month) (Day) (Year)/	that I last saw h have alive on
7 AGE 11 LESS than 1 dayhrs.	and that death occurred on the date stated above, at 3 a.m.,
yrs. mos, ds. or min.?	The CAUSE OF DEATH* was ss follows:
Ca) Trade, profession, or	1.000
particular kind of work	Leme Deprentia
business, or establishment in	Chart (Docation) 3 yrs mos ds
which employed (or employer)	Contributory Paralessip Cerebal fengel
State or country) Marula	(Secondary)
10 NAME OF BATHER	(Clared) (Deration) yrs mes ds.
a mayour	(Signed), M. D.
I I BIRTHPLACE OF FATHER (State or country)	State the Dissess Community of the Commu
2 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER UNROWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
1. Deally 1	If not at place of death?
(Informact)	osual residence.
(Address) Ich Raven 0 mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Mal 15th y Man a Friends	Drund Redge 200 Och 19, 1914
Filed Word 1917 (JVW, W, SWICE) REGISTRAR	20 UNDERTAKER ADDRESS A
	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	3 delto.

iApproved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healtbful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc. Carcin-

oma. Narcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic "Contributory." "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Examples:



N. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

### CTATE OF MADVI AND

County Pr. Leon 10161 (79	CERTIFICATE OF DEATH
Village or City The Ut De Mentes	Registration Dist. No. 232  St.; Ward)  [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whele Write the word)	16 DATE OF DEATH OCA 24, 1914  (Month) (Day (Year)
DATE OF BIRTH  March 17, 1835  (Month) (Day (Year)	that I last saw h alive on CC 2 2 ,1914
79 yrs 7 mos 7 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  **Dalrule: Dries: of the heart
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Sueen Annee Con Mud	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Only Know  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?
(Address). Blowns Md  (Address). Blowns Md  Flied Oct 2 5, 191 + Registrar  If more blanks are needed, address State Regis	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Apple Markov Med Clober 6, 1917  20 Industriance  ADDRESS  State Franklin St. Police Accounts V. Med Markov Med  TRACE 6. Franklin St. Police Accounts V. Med Markov Med  Trace 6. F. Franklin St. Police Accounts V. Med Markov Med

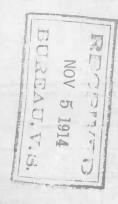
PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



properly UNFADING may plain 2 See Instr ō Every Item CAUSE OF Important. S

OCCUPATION

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death?. Former or usual residence. (Address) 20 LINDERTA

If more blanks are needed, address State Registrar, 6 E. Franklin St, Balto., Requesting V. Mo. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; State cause for Never report For VIO-



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PLACE OF DEATH STATE OF MARYLAND 10163 CERTIFICATE OF DEATH Registration Dist. No. St .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIOOWED. Write the (Month) I HEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE it LESS than t day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) yrs. 6 which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributor 10 NAME OF FATHER (Signed of FATHER (State or downtry PARENTS (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ..... yrs. ..... mos. ..... ds. State vrs. Where was disease contracted. If not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

Ilf death occurred in

a hospital or Institution. give its NAME Instead of street and number. 1

(Day

ADDRESS

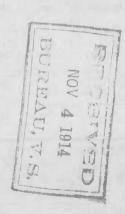


[Approved by U. S. Census and American Public Health Association.]

cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	Every Item of Information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem Important. See instructions on back of certificate.
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AGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Sounty Registration Dist. No. [If death occurred in .Ward) a hospital or institution. give its NAME Instead of street and nombor.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINCLE 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191..... to. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) State or country) Contributory. Secondary (Doration 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Former or (Informant) usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; Never report Ex-



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. stated of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. 4 pe S pinoda UNFADING INK-THIS AGE of certificate. PLAINLY, WITH See Instructions on back of information should WRITE CAUSE OF Important.

N. B

Village or City Seabrook (No.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Charles C	hittans et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	Mule Orlor of RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDINORED ORDINORED	16 DATE OF DEATH  (Month)  (Day)  (Year)
8 D	ATE OF BIRTH  Mot Known, 1552  (Month) (Day) (Year)	that I last saw hand alive on Colonial Street Stree
7 A	It LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) bus	OCCUPATION OTRADO, protession, or Farmer rticular kind of work	Cerebral Hemmorrhage  (Duration) yrs. mos. & ds.
9 B	interplace (ar employer)  Interplace (atte or country)  Interplace (atte or country)	(Secondary) (Duration) 5 yrs - mos ds.
NTS	11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER  MA	(Signed) 47 Mout gower, M. D., 1914 (Address) Landau und
ARE	(State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds.
	(Informant) arthur Chittams	Where was disease contracted, It not at place of death?
15	(Address) Lavis Ma	While marsh Church Oct 8- 1914
Fil	led Oct 7 1914 / Clean Con h. REGISTRAR	Frank Hood Hordinge - Ms.
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipal distribution of the di

childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-



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Very should is OCCUPATION RECORD certificate, of See 90 OF item Important. Every 0 ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number. I fletches PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (Month) (Dav (Year) lucesta (Month) (Day (Year) 7 AGE If LESS than 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Buration) FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State ..... yrs. ..... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE If not at place of death? DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

, fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclathenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," ."Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," The nature of the State cause for "Exhaustion,"



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Very

### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 24 If death occurred in Village or City St :... .Ward) a hospital or institution. give Its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. (Month) (Day ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR ..... min. ? .mos . . . .....ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE +Address).C. OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death ...... yrs. ..... mos. .... ds. State ..... yrs \_\_\_\_ mos \_\_\_ ds Where was disease contracted. If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requeding X. S. No. 1.

191:

(Year)

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the "Mauager," 'Dealer," ctc., without more precise speciwho have no occupation whatever, write None. cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT 4 THIS INK UNFADING certificate. of WITH on back PLAINLY, instructions Information DEATH WRITE See 0 FO Every Item CAUSE OF Important.

(Informant)

Filed COR

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(Address)

### PLACE OF DEATH County Village or City 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCEO (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE, TO BEST OF MY KNOWLEDGE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 2 44

Ilf death occurred in

a hospital or institution,

give its NAME Instead of street and number 1

Taul			
MEDICAL CER	TIFICATE C	F DEATH	
16 DATE OF DEATH	Month)	(Day	, 191 (Year)
17 I HEREBY CER		I attended de	ceased from
			, 191,
that I last saw h !! alive on	Sals	2 6	, 191
and that death occurred on the		d above, at_/	// m,
The CAUSE OF DEATH* was			
Julex	cul		
Contributory Secondary		yrs	
(Signed) Lefy Col-6, 191 4 (Address	pla	per le	lwell.
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	G DEATH, OF	, in deaths fr nd (2) wheth	om VIOLENT er Acciden-
18 LENGTH OF RESIDENCE (FOOR RECENT RESIDENTS) At place of death yrs mos, Where was disease contracted, If not at place of death? Former or usual residence.	In the ds. State	, Institutions,	
19 PLACE OF BURIAL OR REM	OVAL	DATE OF B	URIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated N. B.—Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified, important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH

10169

### STATE OF MARYLAND

Go	unty Pru Leo	CERTIFICATE OF DEATH
		Registration Dist, No. 232
Vit	lage or City Mear left for Morello	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Wale When the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  (J. HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day (Year)	Less 1 191 4, to Oct 3 , 191 4, that I last saw h alive on O 3 , 191 4
TA		and that death occurred on the date stated above, at // Pm,
(a)	CCUPATION  OR min.?	The CAUSE OF DEATH* was as follows:
(b) bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.
9 B1	(State or country) Colyrt Cenul Ged	Secondary Secondary
	10 NAME OF Stull Freezen	(Signed) , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
PA	12 MAIDEN NAME OF MOTHER The Admits Continued	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)  Calcust to Ind	At place In the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Mus Wesley Freezon	Former or usual residence
15	(Address) leffer Marlboro, En	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	ed lass 1 1/2 1914 REmptonth	20 UNDERTAKER  ADDRESS  ADDRESS

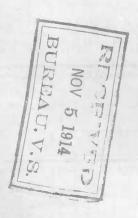
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



RECORD PERMANENT EXACTLY. should THIS AGE UNFADING INK supplied. WITH pino PLAINLY. of information DEATH WRITE Item PO

02

Important.

Every It

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should si NOI OCCUPATION PHYSICIANS -0 statemen classified. properly pe may certificate. 80 90 terms, n back UO plain See instructions Ë

BOCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

OF FATHER (State or country)

ARENTS

15

(b) General nature of Industry. business, or establishment in

which employed (or employer) .....

state Vary

PLACE OF DEAT PERSONAL AND STATISTICAL PARTICUL 5 SINGLE. 4 COLOROR RACE MARRIED, WIDOWED. ORDIVOROED (Write the word) DATE OF BIRTH (Month) 7 AGE

(Year)

It LESS than

OR.

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

CAL CERTIFICATE OF DEATH

Registration Dist. No

It death occurred in ...Ward) a hospital or institution, give its NAME instead ot street and nomber.]

6 DA	TE OF DEATH	Oct.	25	. 1914
		(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	I attended	deceased from

and that death occurred on the date stated above, at.

	(Dai attoo)	······································
Gontributory		

(	Signed)	11	Kom	1	me	(	Wea	CIE	ga	4
	A.	19	4	(Address)	7100	. 4	m	2.00	7	
			, 191	(Address)		un	!(.(	MILL	10	0
	*State	the	DISEASE	CAUSING	DEATI	r, or, i	n death	s from	Vio	LE

TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place		In the		
ot death yrs mos	ds.	State	yrs,	mos.
Where was disease contracted,				

It not at place of death? Former or

usual residence. 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many should be taken to report specifically the occupations statement. Never return "Laborer," "Foreman," Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, ctc., Carcin-

eause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichacample: Measles (disease causing death), 29 ds.; oma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convuisions," "Debtity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) (Recommendations on statement of

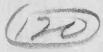


S. No.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. -Every Item of Information should be CAUSE OF DEATH in plain terms, s ä ż

### PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St:Ward)		Mondy	Ci.	-

[if death occurred in

	FULL NAME GEORGE Hall	a hospital or institution, give its NAME instead of street and number.]				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 8	Male Black Single,  Male Black WIDOWED,  ORDIVORED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)				
8'O (a pa wh	(Month) (Day (Year)  GE (Month) (Day (Year)  GE (Month) (Day (Year)  GE (Month) (Day (Year)  If LESS than 1 day,hrs.  OR min.?  CCUPATION (Seneral nature of Industry, siness, or establishment in lich employed (or employer)  IRTHPLACE (State or country) Buck Swo Cay  10 NAME OF FATHER  Addulum Stall  11 BIRTHPLACE OF FATHER	17 I HEREBY CERTIFY, That I attended deceased from				
PARENT	(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds.				
	(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence				
16 Fil	led Oct 13 191.4 Makeon a Ry on In REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Det 13, 1814  20 UNDERTAKER Martin Flacting Colling forth				
	If more bunnare needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

statement. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE I'or many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "As affectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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Very PHYSICIANS should of OCCUPATION is classified. properly pe may that 80 terms, plain Ę

certificate. of back CO instructions DEATH 50 OF Every item CAUSE OF Important.

RECORD PERMANENT UNFADING WITH

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 18.6.8 (Month) (Day (Year) 7 AGE if LESS than 1 day hrs OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment In (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ \_ mos. \_\_\_ \_ ds. State Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 191.4 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first iine wiii be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



RECORD statement PERMANENT EXACTLY. DNIONIB Exact stated classified. pe should THIS properly AGE RESERVED INK supplied. pe UNFADING may carefully that It 80 MARGIN be terms, pinous piain of Information = DEATH WRITE So.

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PLACE OF DEATH PHYSICIANS should state of OCCUPATION Is yery Very PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) (Day) (Year) 7 AGE If LESS than 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or MUL particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 on back 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE CAUSE OF Important. S 15 B. ż

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 2144

St; Ward)

[If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Oct (Month)	2 f 4	, 1914 (Year)
	914, to	I attended d	(
hat I last saw h 🙉 a	live on		, 191
nd that death occurred	on the date state	d above, at	m
he CAUSE OF DEATH*	2	Still 13	em.
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•••••••••••	******************************	********************	÷0000000000000000000000000000000000000
***************************************	(Duration)	yrs.	mos de
Contributory(Secondary)		•••••••	*************
Signed) A R	(Duration)  A Gas (Address) Gas	Kenz	mes. ds
*State the DISEASE C. CAUSES, state (1) MEATAL, SUICIDAL, OF HOM	NS OF INJURY: A	, in deaths fr nd (2) wheth	om VIOLENT er ACCIDEN-
18 LENGTH OF RESIDEN OR RECENT RESIDENTS) Af place of death yrs	in the State	yrs	
Former or			
Former or usual residence		20 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
usual residence	THE OF REPORT OF SECOND	DATE OF	BURIAL
19 PLACE OF BURIAL O	THE OF REPORT OF SECOND		0 1
usual residence	THE OF REPORT OF SECOND		9, 1964

if more binnks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Physician, Compositor, Archilect, Locomolive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonilis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the Accidental drowning; Struck by railway train-acctmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "Asetc. State cause for \_\_ (name origin; "Can-Examples: ds.;



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 ż PLACE OF DEATH

10173

### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 213 7
Village or City Musee (No. ,,	St.; Ward)  [It death occurred to a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day), 191 (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  1914, to Old 24, 1914,  that I last saw h 12 alive on Adds. 26, 1914
If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6-30 Pm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duratioo) yrs. mos. ds.
BIRTHPLACE (State or country)  10 NAME OF FATHER	(Signed) (Deration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country).  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the ot death
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daniel African	Where was disease contracted, It not at place of death?  Former or osual residence.
6 Filed Cost 28 the 1914 Hung B. Coulo	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Oct. 29, 1914  20 UNDERTAKER  ADDRESS
If more blanks are needed, agaress State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.-

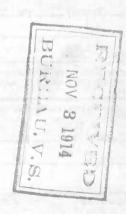
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PLACE OF DEATH 10174	STATE OF MARYLAND
County Pr. Ho	CERTIFICATE OF DEATH
1 dia ma	Registered No. 341
Village or City Salver All (No /ld	St.; Ward) [if death occurred in a hospital or institution.
	give its NAME Instead
*FULL NAME Ray mond	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX * COLOR OR RACE SINGLE, MARKIED, WINOWED, ORDINORCED (White the word)	(Month) (Day) (Year)
8 DATE OF BIRTH 0 4 % 70 /905	17 I HEREBY CERTIFY, That I attended deceased min
and all 1904	Ou 00 3, 1914, to 21 1914.
(Monta) (Dey) (Year)	that I last saw h. Atta alive on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 350 m, The GAUSE OF DEATH * was as follows:
yrs. mos. ds. OR min. ?	Euleral Lymonhage
(a) Trade, profession, or	Pollowing wombing and high
particular kind of work.  (b) General nature of industry,	Congratue 1
business, or establishment in	(Duration) yrs mos / ds.
which employed (or employer)  9 BIRTHPLACE (State or country)	Gentributory Control (Secondary)
10 NAME OF CO	Geration) yrs mos ds.
FATHER Dallie Come	(Signed) , M. D.
M 11 BIRTHPLACE	(Address) FIIS Runnes Care II
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER CILLY AWAYIN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 RIRTHPLACE	OR RECENT RESIDENTS) At place in the
(State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or usual residence
(Address) 2015 Nichols are DC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 O such france	Krignalius Owneling Wet 13 1914
Filed Cold 1914 NIL Scown DOS	20 UNDERTAKER ADDRESS Pucholo ATE
	r, 6 E. Franklin St., Balto., Requesting N. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Purperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemla" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUNY and qualify as childbirth or miscarriage, as "Purperal septichae-"Heart failure," "Haemorrhage," "Inaultion," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ The contributory (secondary or Intercurrent) (name origin; "Can-State cause for Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... mln. ? 8 OCCUPATION (a) Trade, profession, di particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer of certificate. 9 BIRTHPLACE (State or country) Secondary mos ONL de 10 NAME OF M. D. DEATH in plain terms, See instructions on back ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ vrs. Where was disease contracted. THE ABOVE If not at place of death?. Former or usual residence mportant. DATE OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aeci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory tetanus) may be stated under the head of Always qualify all discases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

### STATE OF MARYLAND CERTIFICATE OF DEATH

by there	Registration Dist, No.
Weather Miching	
read RV (No.	St.; Ward)

Ilf death occurred in

2FULL NAME NEULLE E /der	St.; Ward) a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HEmale White Single, Married, Married, Widower, Married White ORDIVORCED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY. That I attended deceased from
ODATE OF BIRTH  (Month) (Day (Year)  7 AGE If LESS than	that Liest saw here alive on 191 4 and that death occurred on the date stated above, at 3-3 m,
	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	tober fremona
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 3 ds.
OF FATHER Solomon Sweeners  11 BIRTHPLACE OF FATHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Manyland  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Doration)
(Interment) Ruckerd / Cest	If not-at place of death?————————————————————————————————————
15 Filed Och 7, 1914 Row Hauth REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Lefter mailton his Delbors, 1914  29 UNDERTAKER  LEFT Functions  Address  Application his

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requisting V. S. Mo. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of



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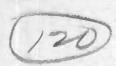
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ORDIVORCED
(Write the word) 6 DATE OF BIRTH 7 AGE 6 OCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[it death occurred in

NAME George F. Lewi	give its NAME instead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE STREET, MARRIED, WHOOWSD, ORDINARCES (Write the word)	18 DATE OF DEATH  Och  (Month)  (Day)  (Year)
(Month) (Day) (Year)  (Month) (Day) (Year)  If LESS than t day, hrs. or min.?	17 I HEREBY CERTIFY, That I attended deceased from Seft 22, 1914, to Och 7, 1914, that I last saw harma alive on Och 7, 1914, and that death occurred on the date stated above, at 0 5 Dam, The CAUSE OF DEATH* was as follows:
or Jardener Industry, inment in Agricultural Defaut, " Mur Fork Thomas Lewis	Contributory Gnaintin (Buration) yrs mos /4 ds.  (Signed) Thussarey
ACE ER Unitry) England	Oct 8, 1914. (Address) Mr. Ranning  *State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
CE ER UNKNOWN.  TRUE TO THE BEST OF MY KNOWLEDGE  WS Marrie Lewis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deathyrsmosds. Stateyrsmosds. Where was disease contracted, it not at place of death?
Mt Rainer Mel.  1914 J.C. Ohlendosport, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Lashington NC. Oah 1914  20 UNDERTAKER  Lasch's Louis Bladensburg Md
If more blanks are needed, address State Registra	r. 6 E. Franklin St. Balto Pequesting V S No. 1

No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers 'it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 State cause for Examples: For VIO-



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State Very OCCUPATION IS pinoda PHYSICIANS RECORD ō Exact statement PERMANENT EXACTLY. AGE should be sproperly classified. 4 IS THIS UNFADING INK carefully supplied. may of certificate. that it WITH on back should plain See Instructions Information ٥ DEATH WRITE of OF Important. Every Ite m

PLACE OF DEATH



### STATE OF MARYLAND. CERTIFICATE OF DEATH

	Registration Dis	t. No. 257
Rittle	St.;Ward)	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDIC	CAL CERTIFICATE OF	DEATH
18 DATE OF DEATH	West	34 1914
	(Month)	(Day (Year)
17 HER	EAY CERTIFY, That I	aftended ofceased from
1200	., 191 , to	1 191 1
that I last saw h.	alive on	T D 191 4
and that death occurr	ed on the date stated	above, at 9.30 a, m
The CAUSE OF DEAT	H* was as follows:	
·····A.		1511
<u> </u>	weom	Marmen
	Unk	111111
••••••	(Duration)	yrs mos ds
Contributory	-/ Naes	ma-
Secondary	Duration)	VZ mos 20 ds
(Signed)	I br. 1/6	2
Wor 6 191"	(Address)	Swall mo
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, or H	BE CAUSING DEATH, or, MEANS OF INJURY; an OMICIDAL,	in deaths from VIOLENTED (2) whether Accident
18 LENGTH OF RESIDENT	ENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS
At place	In the	
of death yrs	ted,	yrs, ds
Former or usual residence	***************************************	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
yreen wood	Centay !	QQX 6/6,1914
20 UNDERTAKER	20	ADDRESS

(Month) (Day (Year) If LESS than 1 day hrs. OR ..... min. ? REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Viilage or City (No. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH 7 AGE BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) E OF PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE (Intermant) (Address) .---15

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



No. 1. ú

Z.B.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF

# PLACE OF DEATH Nince Senge

10179



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vill	2FULL NAME Augustus &	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	male White (Write the word)	(Month) (Day (Year)
6 D	Seby 15 , 1536 (Month) (Day (Year)	that last saw h in alive on October 27, 191 4.
	yrs mos t day, hrs. OR min.?	and that death occurred on the date stated above, at 11.30 a.m., The CAUSE OF DEATH* was as follows:  Intersturae replantis
(b) bus whi	Trade, protession, or ricular kind of work.  General nature of industry, iness, or establishment in the employed (or employer)  IRTHPLACE (State or country)	(Duration) yrs. 4 mos. 17 ds.  Contributory Secondary
ENTS	10 NAME OF FATHER Joseph In Lloyd  11 BIRTHPLACE OF FATHER (State or country) Charles & 3nd	(Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TABLE TO, THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
	(Informant) Hamel I aloyd  (Address) Allundale Ind	It not at place of death?  Former or usual residence.  19 Place of Burial OR REMOVAL DATE OF BURIAL  Output  During a Company of the company
FII	ed Oct 24, 191 Felson a Ryon ms	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

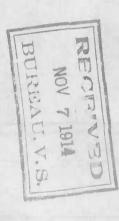


[Approved by U. S. Census and American Public Health . Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or Al home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae. mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephrilis, aant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should be

AGE

carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate.

Every Item of Information should be CAUSE OF DEATH in plain terms, so

2 ż Important.

RECORD

A PERMANENT stated EXACTLY.

### S. No. 1.

PLACE OF DEATH 10180 Village or City was Branchille (No.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No

St.;....Ward)

[If death occurred in a hospital or institution. give its NAME instead

	FULL NAME Hary Wadaling	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED, ORNORGED MUT-U (Write the word)	16 DATE OF DEATH OCULES (Month) (Day (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h. alive on October 18, 1914.
TA	yrs	and that death occurred on the date stated above, at 600 Pm. The CAUSE OF DEATH* was as follows:
(a) pa (b)	OCCUPATION OTRADE, profession, or riticular kind of work Officent and the state of industry,	
Whi	iness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Cruse General Country	Contributory Walsas Talking yrs 4 mos 6 ds.  (Quration) yrs 4 mos 6 ds.
PARENTS	10 NAME OF FATHER Joseph Eno- 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Signed) (Address) (Address) (State the DISEASE CAUSING DEATH OF IT deaths from VIOLENAM
PARE	13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTH	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
	CHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) W Alle Wffatt	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
16 FIL	ed Get +9th + John Smith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
	If more blanks are needed, address State Regis	tray, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persous eugaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Seulle," (Recommendations on statement of etc.), "Dropsy," "Exhaustiou," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH 10181	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
	Registration Dist. No. 347
Village or City Seat These Comments	St.; Ward)  [It death occurred a hospital or Institution give its NAME insternation of street and number.]
FULL NAME Sarah Com	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale solute (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That Lattended deceased from
Phate of BIRTH July 18 , 1839	that I last saw her allycon der 9 1915
7 AGE   Month) (Day) (Year)  7 AGE   If LESS than   day,hrs.   ORhrs.   ORhrs.   ORhrs.   ORhrs.   ORhrs.   ORhrs.   ORhrs.   OR	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
OF TATHER Pushard Carried  OF TATHER Pushard Carried  OF TATHER (State or country)  DE 12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER Sarah and Hard  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant). Mine Fushy  (Address) Capill. Fights. Sud.,	Former or usual residence.  19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL  STATE OF BURIAL  19 14
Filed Oct 19149 AND REGISTRAR  If more blanks are needed; address State Beglatrar	20 UNDERTAKER  A Sordo  A Solu Kl. b, r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulness. If retired from busines, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation what yer, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septicharsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Contributory." The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of \_\_\_ (name origin; "Can The nature of the "Exhaustion, Never report Examples:

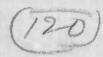


### PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

No. 1. υ'n

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated EXACTLY. properly classified. AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. CAUSE OF Important, S PLACE OF DEATH 10182



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village of City Law El	ty Laur El	
------------------------	------------	--

.. (No.....,

St.:--Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

### FULL NAME 6 assandra maccubbin

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the Word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH  Get 22, 1849.  (Month) (Day (Year)	011-18 12 1914, to 002 25 12 1914, that I last saw her alive on 011-215, 1914
7 AG	E it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3-30 h.m.  The CAUSE OF DEATH* was as follows:  Brokes Lésease of Seneral
(a) part (b)	Trade, profession, or licular kind of work licular kind of work licular kind of lindustry, less, or establishment in	dropry- Thy do thrown
Whic	he employed (or employer)  RTHPLACE (State or country)  Mansland	Contributory Secondary  (Duration) Secondary  (Duration) Secondary  (Duration) Secondary  (Duration) Secondary
ITS	11 BIRTHPLACE OF FATHER  10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) Lohn Gronmella M. D. D. Ch. 2) to 1914 (Address) The silver of Physics
AREN	(State or country) Mayland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 T	13 BIRTHPLACE OF MOTHER (State or country) Me ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?
(	Informant) Kathanis le Millan	Former or usual residence
16	(Address) I amal mal (Uct, 2) to Wow. a. Fairall REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  10 PLACE OF BUR
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

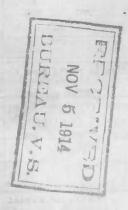


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and elildren, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," ctc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childlirth or miscarriage as "Puerreral septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cau-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for



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RECORD	PHYSICIAN of OCCUP
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	iE should be stated EXACTLY.
ITH UNFADING INK-	d be carefully supplied. AG ns, so that it may be prop
WRITE PLAINLY, V	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on hack of certificate.

VIIIage or City Bladensbrug(No. 1) 2FULL NAME Ofto Attack	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23/  St.; Ward)  St.; Ward)  Macdel  State of Maryland a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Spingle, Married (Write the word)	18 DATE OF DEATH (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from
July 9, 18.44	that I last saw halive on, 191, 191
70 yrs 3 mos 0 ds. or min.?	and that death occurred on the date stated above, at white 1,3 m.  The CAUSE OF DEATH* was as follows:  Lever of the course of t
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or omployer)  **BIRTHPLACE** (State or country)  **Jermanu**  **Jermanu**	Contributory Secondary  (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER OF STATE (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
OF MOTHER PRODUCTION  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds  Where was disease confracted, If not at place of death?
(Address) 1363 L St SE	Former or usual residence.  Place of Buriation Removal Date of Buriation LOC.  Oct 22-7, 1914
Files Vel 2014 1914 M. L. Speck REGISTRAR	He, Caseli's Sous Bludensburgers

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN B. No. 1.

Village or City Amel Samutarum  Village or City (No. St.) Ward)  STATE OF MARYLAND  CERTIFICATE OF DEATH  Registered No. 239  [If death occur a hospital or inst give its MAME	titution
FULL NAME Tromas Pel of street and num	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
male White (Write the word)  4 COLOR OR RACE MARRIED, MARRIED, WIDOWEO, ORDIVORCED (Month) (Day) (Year (Write the word))	
B DATE OF BIRTH	from
(Month) (Day) (Year)  TAGE  If LESS than 1 day, hrs. or particular kind of work  (Month) (Day) (Year)  If LESS than 1 day, hrs. or particular kind of work  that I last saw h. Man alive on Oct. o	1
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory Arteria Release T (Secondary)  Resulting  Deration) yrs mos	••
(Signed) (Si	M. D.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR REGENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTITUTIONS, TRANSIE OR REGENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTITUTI	
(Address) 136 Rulimana & Brillian 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	. 4
Filed Och 6th, 1914 Mm W. Favall  REGISTRAR  15 OUNDERTAKES ADDRESS  REGISTRAR  16 D. Franklin St., Balto., Requesting V. S. No. 1.	17.

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iApproved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may he stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Pursernal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic The contributory (Recommendations on statement of (secondary or intercurrent) Examples:



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PHYSICIANS RECORD

### 10185 PLACE OF DEATH County PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, REN ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year 7 AGE If LESS than 1 day ..... hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE **OF FATHER** (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 209

St.;Ward)	[It death occurred in a hospital or institution,

ot street and number.]

. 191.....

		(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	l attended d	eceased from
	, 19	l, to		, 191,
that I last	saw hali	ve on		, 191
and that o	seath occurred o	n the date state	ed above, at	
The CAUS	E OF DEATH*	was as follows:		
d	•••••••		Prow	eV
Los	w hrem	alunel	e alter	10010.
G.d.sa	alidise	7 anh	ultra	************
		(Duration)	vre	mos de
	butory			
		(Duration)	yrs	mosds.
(Signed)	Edgar K	House	14	, M. D.
	-3 ,1914 (A			
*Stat CAUSES, TAL, SU	e the DISEASE CA state (1) MEAN ICIDAL, or HOMIC	AUSING DEATH, ON OF INJURY;	or, in deaths and (2) when	from VIOLENT ther ACCIDEN-
18 LENG	TH OF RESIDENCE	E (FOR HOSPITAL	s, Institution	S, TRANSIENTS,
At place		In the		
	yrs mos.	ds. State	yrs	mos ds
	disease contracted, ace of death?	***		
Former or	ence			***************************************
	OF BURIAL OR	REMOVAL	DATE OF	
al-	home.		Oct.	30 , 191/4

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

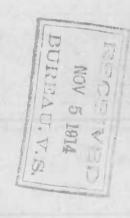
20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, ctc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: But iu many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopueumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canample: Meastes (disease causing death), 29 valvular hoart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichuectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debillty" ("Con-Brouchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhanstion,"



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### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS of information should be carefully supplied. DEATH in plain terms, so that it may be a See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

0.	And Markey.	Registration Dist.	No. Dy
liage or City Farminghin (N	10		[If death occurred a hospital or institution

Itill bith

give its NAME instead of street and number.]

FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH  4 COLOR OR RAGE MARRIED, MARGIED, WIDOWED, ORDIVORCED (Write the word)  5 SINGLE, MARRIED, MARGIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH , 191
(Month)         (Day         (Year)           7 AGE         If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Jestalion January Stevense gestalion January Stevense (Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) (many Cand)  10 NAME OF FATHER Joble Franklin Parry  11 BIRTHPLACE	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Edgas Lo. Houst , M. D.  Mes 3 , 1914 (Address) Piscalaucy and
12 MAIDEN NAME OF MOTHER (State or country) Manyland  12 MAIDEN NAME OF MOTHER CHARLES (State or country) Manyland  13 BIRTHPLACE OF MOTHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
(Informant) Sudie Blanche Berry  (Address) Accobrule and  16 Filed Mar. 3, 1914 Edgar N. Shurth In h	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  At home  20 UNDERTAKER  ADDRESS  Add Frankling Penny (Leashach)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

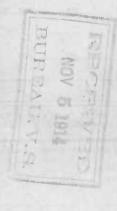


[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retlred from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Thmor" for maligoma, Sarcoma, etc., of.... etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) ..... (name origin; "Can-"Dropsy," "Exhaustion," State canse for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

PLACE OF DEATH 10187	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage of City Tair mount (No. Hari	Registration Dist. No. 24/ St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Prule Calored Single Wilder the word)  **Date of Birth**	(Month) (Day (Year)  17 IF HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE   If LESS than   1 day, hrs;	and that death eccurred on the date stated above, at 1012 A.m.  The GAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, protession, or particular kind of work. (b) General natura of industry, business, or establishment in which employed (or employer)  SERTH PLACE (State or country)  State or country)	(Duration) yrs mos ss.  Contributory Dean Secondary
10 NAME OF FATHER HOUR ROUSEMAN 11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name  of Mother Of Mother of Country	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1): Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18-LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs ds. State yrs ds  Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Sammon At might on he 18 Filed Oct 10", 1914 Jahns & Swant Free REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  OF THE STATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS  SAM. Stewart 30 St 92 %
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each aud every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mitl; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a slugle word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonilis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting Meastes (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," Never report



0 Instructions DEATH 9 Important. Every It

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 BEX 4 COLOR OR RACE S RINGLE. DATE OF DEATH Widowed, ordworded (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE if LESS than OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General cature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 1:1 BIRTHPLACE ... 191 . (Addross) (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. .... State \_\_\_\_\_ yrs. \_\_\_\_ mos., Where was disease contracted. 14 THE ABOVE IS It not at place of death?-Former or usual rosidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

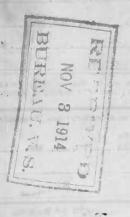
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measics (discase causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaegenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," The nature of the Never report



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS CAUSE OF Important.

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PLACE OF DEATH County Trunce George	10189

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 233

Village or City Westwood (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE SINGLE, MARRIEO, WIDOWED, OROJVORGED OROJVORGED Write the word windle	16 DATE OF DEATH Od 3 , 1914 (Month) (Day (Year)
Sept 28,19/24 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2 Pm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Ouration) yrs, mos 6 ds.
which employed (or employer)  **BIRTHPLACE** (State or country)  **The country of the country of	Gontributory Secondary (Buretten)
11 BIRTHPLACE OF FATHER OCCUPATION  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) Omest Jaruer , M. D.  Oct 4 ,1914 (Address) Jaruer , M. D.  *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Mary Ward  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Care OF MOTHER MARY WARD  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Westwood and  15 Filed Oct 4, 1914 Spreed & Garner  REGISTRAR	1º PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ADDRESS  Howard Polinson Hestwood and

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when ueeded. cases, especially in industrial employments, it is uecwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uet who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never returu "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Horeman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 3 1914
BUREAU, V.S.

	PLACE OF DEATH 10190	STATE OF MARYLAND
Col	into Prince Lesio	CERTIFICATE OF DEATH
000		Registration Dist, No. 239
Viii	age or City Caurel (No,	Steered St.; Ward) [If death occurred to a hospital or institution,
	FULL NAME Charles vinede	ric Shaffer give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Off 1 - WIDDWED, Widower	18 DATE OF DEATH ON THE MONTH (Year)
6	Male   Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
- 0,	. December 26, 1/832	that I last saw h (42 alive on Och 1 1 1914
7 AC	(Month) (Day (Year)	and that death occurred on the date stated above, at 9,45 mm,
	81 yrs 10 mos 7 ds. 0R mln.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or	Selinon con brak
(b)	General nature of Industry,	
	ness, or establishment in Business	(Duration) 2 yrs mos ds.
9 81	RTHPLACE (State or country) Manusland	Secondary  (Direction)
	10 NAME OF Sand Shaller	(Signed) (Duration) yrs 8 mes ds.  (Signed) Shu Koron 2nd M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	Clet, 9th, 1914 (Address) Scarchel ma
AREN	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Not lessown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	(Informant) Laura A. Waters	Former or
	(Address) Jaurel Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File		20 UNDERTAKER ADDRESS
	REGISTRAR	pester fram faune ma
	II more blanks are needed, address State Regist	trar, 6 E. Frankila St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (hever report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," The uature of the "Exhaustion," Never report



PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

stated

pinous

AGE

carefully supplied. certificate.

on back of

See instructions DEATH

OF Important. Every It.

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RECORD

PERMANENT EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist.	NO,
Bearing Bonnale	(No	St. Word)	[If death occurred in

### Blanchy Margan

PERSONAL AND STATISTICAL PARTICULARS

il	give its NAME Instead of street and number.]		
MEDICAL	CERTIFICATE OF	DEATH	
TE OF DEATH	October		, 191.4
I HEREBY	CERTIFY, That I	attended de	(Year)
Sept. 30, 1	91 Y, to Ocl	till	191.X,
at death occurred	on the date stated	above at /	030 Q.m.

3	emale white single, wisowed, Sur ple	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
D /	ATE OF BIRTH  April 29, 1911  Honth) (Day (Year)	that I last saw h. La alive on Oclubra 191.
7 A (	GE   If LESS than t day,hrs.   ORmin.?	and that death occurred on the date stated above, at 1030 g.m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION ) Trade, protession, or ricular kind of work	Playing with grateles - and ignited clayles (Ouration) yrs mos do
	interplace (State or country)  Mu Berury, Red.	Contributory Esterais burns on by dy Secondary (Duration) yrs mos / ds
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Walley Watth, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
6	of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, It not at place of death?
	61 600 VIIII	Former or

REGISTRAS

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cunaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as cause. etc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Angemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "PUERPERAL septichac-Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

2 5	PLACE OF DEATH 10192	STATE OF MARYLAND
nould state	County Reson	CERTIFICATE OF DEATH Registration Dist. No. 237
HYSICIANS shoul	11. 1	St.; Ward)  [if death occurred in a hospital or institution give its NAME Instead of street and number.]
nt o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
should be stated EXACTLY. r classifled. Exact statemen	General Acolororrace Single, Married, Widowed, Widowed, Write the word)  General Acolororrace (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1914, to
arefully supplied. AGE si that it may be properly certificate.	8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Survally (Duration) yrs. mos. ds.  Contributory Old age (Secondary)
ion should be e plain terms, so ons on back of	10 NAME OF FATHER Thos, 3 Group mm  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER NAME OF MOTHER NAME Jardiner  13 BIRTHPLACE	(Signed)
Item of InformativE OF DEATH Intractive	OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Af place of death yrs. mos. ds. State yrs, mos. ds. Where was disease confracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
N. B.—Every CAUS Impor	Filed Oct th, 191 H Edna J. Contrel  Grant Slep Registrar  If more blanks are needed, signess State Begistrar	Honder on Told Och H 1914  20 UNDERTAKER  Honder Hyon Walder Mid

[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as applies to each and every person, irrespective of age. who have no occupation whatever, write None. ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For VIO-



UNFADING INK-THIS IS

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be

WRITE PLAINLY, WITH

DEATH in plain terms, so that it may be

Important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

A PERMANENT

PLACE OF DEATH 10193
County Prince Georges



### STATE OF MARYLAND CERTIFICATE OF DEATH

221

		Registration Dist, No. 20
Vil	iage or City Branchville (No	give its NAME instead
_	FULL NAME	- Syrussus
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Hale While Superson of the word)  4 COLOR OR RAGE  MARRIED, Widowed  Write the word)	(Month) (Day (Year)
6 D	(Month) (Day (Year)	September 23 191 %, to Ochstus, 191 % that I last saw have alive on Ochstus, 191 %
7 A	GE   If LESS fhan   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 120 Pm. m The CAUSE OF DEATH* was as follows:
(a pa	OCCUPATION Trade, profession, or Retired (Bork-kerfer)	Chrone Brights
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	(Durs Beneralirs
9 BIRTHPLACE (State or country) Talbut Co, Yed.		Secondary  (Duration) yrs mos ds
PARENTS	10 NAME OF FATHER Thomas Sylvation  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) Brand W. M. D  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Ud,	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds, State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Ridgway		Where was disease contracted, If not at place of death?  Former or usual residence.
16 Fil	ed Get 18th John Dhaith REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  APDRESS  Sattimory
	If more blanks are deeded, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Jud

S. No. 1.

m

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[Approved by U. S. Censns and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For vio-



S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT



### STATE OF MARYLAND CERTIFICATE OF DEATH

Begintentian Diet N. 936 ~

Village or City Caplaced (No	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead
FULL NAME Chily fetices	a Tracers of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale Hack Single, Wildows	(Month) (Day (Year)
6 DATE OF BIRTH March 32, 1855  (Month) (Day (Year)	17 Jack   HEREBY CERTIFY, That I attended deceased from 1914, to 1914, that I last saw herealive on 1914.
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs mos ds. 1 day,hrs.	The CAUSE OF DEATH * was as I allows: V Latito
(a) Trade, profession, or particular kind of work	
(a) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) 2 yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory acute pupilities Secondary
10 NAME OF William Hoopen	(Signed) (Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSIN DEATH, or, in deaths from Violence
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER  The latest the state of th	*State the DISEASE CAUSING DEATH, or, in daths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?  Former or
(Informant) College (Table)	usual residence
(Address) 101 D D P P P P P P P P P P P P P P P P P	Place of BURIAL OR REMOVAL  Place of BURIAL  Oct. 1, 1914  20 UNDERTAKEN  ADDRESS
Filed 191 REGISTRAR	7my Jack 409 8 8 58.8.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is neeness of various pursuits ean be known. The question tion is very important, so that the relative healthfulit should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on the applies to each aud every persou, irrespective of age. eausing death, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The

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valvular heart disease; Chronie interstitial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritohitis," etc. State eause for childbirth or miscarriage as ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenelaiujury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from M castes "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL septichae-

